



## ARTICLES OF INCORPORATION/ORGANIZATION QUESTIONNAIRE

Today's Date: \_\_\_\_\_

**NAME OF CORPORATION:** Please choose three names for your Corporation, in order of preference. (just in case the first name is already taken).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Is this Corporation going to be:

- Incorporation for a Florida Profit Corporation   
  S-Corp   
  C-Corp

How many shares will there be? \_\_\_\_\_ Par value \_\_\_\_\_

- Incorporation for a Florida Non-Profit Corporation  
 Florida Limited Partnership  
 Florida Limited Liability Company

What type of business? \_\_\_\_\_

What type of goods sold or services provided? \_\_\_\_\_

### ADDRESS

Please provide the physical address as well as the mailing address for the corporation.

Physical (Florida) Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact's Phone Number(s) \_\_\_\_\_

Contact's Email Address \_\_\_\_\_

Social Security Number of Principal/Owner \_\_\_\_\_

Contact referred by \_\_\_\_\_



**TITLES FOR MEMBERS**

For Profit:      P = President  
                      VP = Vice President  
LLC:              MGR = Manager  
                      MGRM = Managing Member  
                      MEM = Member

**PARTIES**

Please include a list of names and addresses of any and all parties involved in the corporation including but not limited to Shareholders, Members, Officers, Directors, Managers, President, Vice President, etc.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_